Specimen Submission Form

STATE LABORATORY INSTITUTE
305 South Street
Jamaica Plain, MA 02130-3597
PLEASE PRINT **Tel. 617-983-6200** DO NOT ABBREVIATE

Do not use this space

General Form

1. PROVIDER INFORMATION

Name

Address: No./Street

City/Town State Zip Code

Phone Number: ( )

2. PATIENT INFORMATION

Name: Last First Initial

Address: No./Street/Apt #

City/Town State Zip Code

Patient ID No:

3. PHYSICIAN/CONTACT

Phone Number: ( )

4. Sex ☐ M ☐ F ☐ Other **Date of Birth** (mm/dd/yyyy) / /

Ethnicity ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (check one)
- ❑ American Indian or Alaska Native
- ❑ Asian
- ❑ Black or African American
- ❑ Native Hawaiian or Other Pacific Islander
- ❑ White
- ❑ Other

5. TEST REQUESTED:_____

DISEASE SUSPECTED:_____

Date of Onset (mm/dd/yyyy)_____

Reason: ☐ Symptomatic ☐ Confirmation ☐ Surveillance ☐ Contact ☐ Test of Cure

For: ☐ Identification ☐ Isolation ☐ Typing
(----------Complete Section 7----------)

☐ Serology (Complete Section 6)

❑ Other (specify)_____

6. SEROLOGY:

☐ Serum ☐ Spinal Fluid

☐ Acute ☐ Convalescent ☐ Late Convalescent

Date Collected (mm/dd/yyyy) _____/_____/_____

7. CULTURE: Specimen submitted is: (mm/dd/yyyy)

❑ Original Material. Date Collected: _____/_____/_____

❑ Subculture. Date Subculture Made: _____/_____/_____

❑ Has specimen been treated? ☐ Yes ☐ No
Specify Method
_____

Source of Specimen:

- ❑ Anal Canal
- ❑ Blood
- ❑ Cervix
- ❑ Gastric
- ❑ Nasopharynx
- ❑ Pharynx
- ❑ Plasma
- ❑ Serum
- ❑ Spinal Fluid
- ❑ Sputum
- ❑ Stool
- ❑ Throat
- ❑ Urethra
- ❑ Urine
- ❑ Vulva (child)
- ❑ Bronchus (site)_____
- ❑ Wound (site)_____
- ❑ Exudate (site)_____
- ❑ Tissue (specify)_____
- ❑ Other (specify)_____

8. FOR VIRUS SEROLOGY, VIRUS ISOLATION and TESTS LISTED AS CDC SEROLOGY or CDC CULTURE IN THE SLI MANUAL OF TESTS and SERVICES.

Symptoms and Duration_____

_____

Travel History (and dates of travel)_____

Animal/Arthropod Contact (specify) _____

Previous Laboratory Results_____

Relevant Immunizations (give dates) _____

Additional Information:_____

_____

INSTRUCTIONS: If a section does not apply to a given situation, write N/A (not applicable). For more information on SLI testing, see the SLI Manual of Tests and Services at http://www.state.ma.us/dph/bls/manual/Blsmts.htm

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